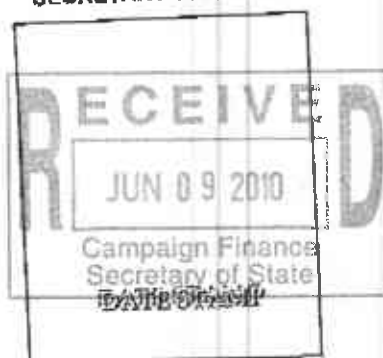


2010 ELECTION CYCLE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
 2010 Judicial Election

Delbert Hosemann
 SECRETARY OF STATE

Name of Committee Committee to Elect Helen Kennedy Robinson
 Address 315 Centerpointe Dr., Oxford, MS 38655
 Telephone 662-513-0618 Fax 662-513-0618
 Treasurer Patrick Fuller Email pkethkr@aphs.com



☐ Check here if above is different from previous report

TYPE OF REPORT

- May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
X June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
 July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
 October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
 October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
 November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
 January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
 Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
 (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
 (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1,442.07	\$	\$ 1,442.07
Total amount of disbursements	\$ 442.07	\$	\$ 442.07
Total amount of cash on hand		\$	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Patrick Fuller
 Signature of Director or Treasurer

6/8/10
 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-389-1489 or 601-876-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee Helen Kennedy Robinson
 Reporting period April 30, 2010 through June 9, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate contribution</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Helen Kennedy Robinson</u>		<u>6/2/10</u>	\$ <u>442.07</u>
Mailing Address <u>211 Northpointe Blvd</u>		<u>6/7/10</u>	\$ <u>1,000.00</u>
City, State, Zip Code <u>Oxford, MS 38055</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Self</u>		<u> / / </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1,442.07</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u> </u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u> </u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u> </u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

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Name of Candidate or Committee Helen Kennedy Robinson
 Reporting period April 30, 2010 through June 9, 2010

ITEMIZED DISBURSEMENTS

A. Full name <u>Callahan Printing Company</u>	Date (Mo., Day, Year) <u>6/2/10</u>	Amount of each disbursement this period \$ <u>442.07</u>
Mailing Address	<u> / / </u>	\$
City, State, Zip Code <u>Oxford, MS 38055</u>	Aggregate Year-to-date	\$
Purpose of Disbursement (Optional) <u>Campaign cards & stickers</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
B. Full name	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$